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| **Date:** | March 2020 | | |  |  |  |  | |  | |  |  | |  | |  |  |
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| **Assessors Name:** | |  | | **Reference Number:** | |  | | | | **Review Date:** | | | Ongoing – as per government guidance updates | | | | |
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| **Endorsed By:** | |  | | **Signature:** | |  | | **Position:** | |  | | | **Date:** | |  | | |
|  |  |  |  |  |  |  |  | |  | |  |  | |  | |  |  |
| **Description of assessment** | | | Coronavirus (COVID-19) | | | | | | | | | | | | | | |
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| **Location Details** | | |  | | | | | | | | | | | | | | |

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| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures**  **S x L = R** | | | | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level**  **S x L = R** | | | |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| **Catching / Spreading** | Employees, client, public | 5 | 3 | 15 | H | * Welfare facilities will contain suitable levels of soap and antibacterial gel. * Employees will be asked to wash hands with soap regularly and thoroughly, for at least 20 seconds. * Tissues will be provided for all employees. Employees should use their tissues when coughing or sneezing and then place the used tissue in the bin before washing hands. * Contact with personnel suspected of having caught COVID-19 will be avoided. |  |  |  | 5 | 1 | 5 | M |

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| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures**  **S x L = R** | | | | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level**  **S x L = R** | | | |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| **Catching / Spreading**  (continued) | Employees, client, public | 5 | 3 | 15 | H | * Employees are reminded to not touch their eyes, nose or mouth if their hands are not clean. * A cleaning schedule will be implemented throughout the site, ensuring that worksurfaces, door handles, taps etc. are all thoroughly cleaned with an antibacterial cleaning substance. * We will also work towards any cleaning / infection control requirements outlined by the client. * Employees will be told to self-isolate for 14 days should they find they have a new, persistent cough and/or a high temperature. * Should employees disclose that personnel living with them are self-isolating, they should be encouraged to do the same for 14 days as per Government guidance. |  |  |  | 5 | 1 | 5 | M |

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| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures**  **S x L = R** | | | | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level**  **S x L = R** | | | |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| **Employee travel plans** | Employees, client, public | 5 | 3 | 15 | H | * We will ask employees to inform us if they are leaving the country. * We will provide relevant government guidance in line with the area / country that they are visiting. * Self-isolation will be enforced in line with the area / country guidance. |  |  |  | 5 | 1 | 5 | M |
| **Lack of awareness** | Employees, client | 5 | 3 | 15 | H | * The latest government campaign posters will be displayed in the welfare areas and in suitable places around site. * Toolbox talks will be carried out for all personnel on site, warning them of the risks posed by the virus as well as the control measures outlined in this assessment and from government guidance. This will include informing personnel of the known symptoms. * We will continually adopt and review new government / WHO guidance as and when it is available. |  |  |  | 5 | 1 | 5 | M |

**Guidance Notes**

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| **SEVERITY** | **5** | **5** | **10** | **15** | **20** | **25** |
| **4** | **4** | **8** | **12** | **16** | **20** |
| **3** | **3** | **6** | **9** | **12** | **15** |
| **2** | **2** | **4** | **6** | **8** | **10** |
| **1** | **1** | **2** | **3** | **4** | **5** |
|  | **1** | **2** | **3** | **4** | **5** |
| **LIKELIHOOD** | | | | | |

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| **LIKELIHOOD** | |
| **5** | **Almost Certain – Very High Risk** |
| **4** | **Probable – High Risk** |
| **3** | **50/50 – Medium Risk** |
| **2** | **Improbable – Low Risk** |
| **1** | **Almost impossible – Low Risk** |

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| **SEVERITY** | |
| **5** | **Fatality – Very High Risk** |
| **4** | **Severe incapacity – High Risk** |
| **3** | **Absent 3 weeks – Medium Risk** |
| **2** | **Absent less than 1 day – Low Risk** |
| **1** | **Insignificant – Low Risk** |

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| **1–4 LOW** | **5–9 MEDIUM** | **10–15 HIGH** | **16–25 VERY HIGH** |
| **Continue with existing control, however monitor for changes.**  **Implement any additional control measures required, within the timescales given in the**  **risk assessment.** | **Requires attention to reduce the rating as well as regular ongoing monitoring.**  **Implement any additional control measures required, within the timescales given in the**  **risk assessment.** | **Requires immediate attention to bring the risk down to an acceptable level. Implement the control measures required, within the timescales given in the risk assessment and continue to review working practices to reduce the probability of an accident to the lowest possible level.** | **Stop immediately – the risk is too high.**  **Take immediate action to reduce the risk to  the lowest level possible.** |

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| **Additional comments:**   1. This risk assessment needs to be discussed with employees before they operate the plant/equipment to ensure compliance with all control measures through their understanding 2. Employees are to sign an acknowledgement sheet for their understanding of this risk assessment 3. The risk assessment is to be reviewed on an annual basis, or sooner if changes are made to the plant or working practices, or after an accident/near miss 4. This risk assessment must be approved by the nominated person for health and safety before being issued as a live document |

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| **Assessor 1 name:** |  | **Signature:** |  | **Date:** |  |

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| **Assessor 2 name:** |  | **Signature:** |  | **Date:** |  |

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| **I, the undersigned, have been fully briefed on this risk assessment and other control measures in place to reduce the risk of injury to the lowest possible level.  I fully understand my duties as an employee, to follow the control measures in this risk assessment and the method statement.** | | | | |
| **Employee name** | **Job description** | **Date** | **Employee comments/recommendations** | **Signature** |
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